PTO/SB/01A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

		re required to respond to a collection of information unit	
DECLA		R UTILITY OR DESIGN APPLI	CATION USING AN
		N DATA SHEET (37 CFR 1.76)	
As the below na	med inventor(s), I/we declare the	at:	
This declaration	is directed to:		
	The attached application	n, or	
	Application No.	filed on	
	as amended on i	if applicable);	
I/we believe the which a patent i		d first inventor(s) of the subject mat	ter which is claimed and for
	ewed and understand the con y amendment specifically referre	tents of the above-identified applicated to above;	ion, including the claims, as
to me/us to b became availab	e material to patentability as	United States Patent and Trademark defined in 37 CFR 1.56, including the prior application and the National plicable; and	material information which
belief are believ false statements	ed to be true, and further that the	ge are true, all statements made hereir ese statements were made with the kn fine or imprisonment, or both, under 18 vatent issuing thereon.	owledge that willful
Full Name of In	ventor(s)		
Inventor 1	Anthony David Auffret		_
Signature	A. D. Aufferd	Citizen of	Great Britain
Inventor 2	Lisa Suzanne Benee		
Signature	Beree	Citizen of	Great Britain
☐ Additional inv	rentors are being named on		

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon he needs of the individual case. Any comments on the amount of time you are required to complete this form sixely be sent to the Chief Information Officiar U.S. Pattent and Trademark Office, Mail Stoy: Comments – Pattent, 2011 South Clark Place, Cystal Plaza Two, Lobby, Room 1803.Antiquot, Virginia 22202. DO NOT SEND FEES OR COMPLETED FORMS TO 1148 ADDRESS. SEND TO: Commissioner for Pattents, Sex 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this bo	x → +				PTO/SB/6 gh 10/31/2002. OMB 00 DEPARTMENT OF COM	551-00
		Application I	lumber	To be assign	ed	
		Filing Date		Concurrently	herewith	
		First Named	Inventor	Anthony Dav	id Auffret	
POWER OF ATT	Title	Title		MAKING ORALLY DOSAGE FORMS		
AUTHORIZATION	OF AGENT	Group Art Ur	nit	To be assign	ed	
		Examiner Na	me	To be assign	ed	
		Attorney Doo	ket Number	PC25042A		
I hereby appoint:			_			
Practitioners at Custon	ner Number	28523		 →		
OR						
Practitioners named be	elow:					
	Name	Name Registra		tion Number		
<u> </u>						
-						
_						
as my/our attorney(s) or age business in the United State				to transact all		
Please change the correspo	ndence address for the a	bove-identified a	pplication to:			
The above-mentioned	Customer Number					
OR	oddiomor rambor.					
Practitioners at Custon	ner Number					٦
					´ L	_
OR						
Firm or Individual Name						
Address						
Address						
City		State		Zip	-	
Country						
Telephone		Fax				
am the:						
Applicant/Inventor.						
Assignee of record of t	he entire interest. See 37					
Statement under 37 Cl	FR 3.73(b) is enclosed. (F					
	SIGNATURE of Ap	piicant or Assig	anee or Recor	u		

NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. Total of 2 forms are submitted.

Name Signature

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Mall Stoy-Comments - Patents, 2011 South Clark Place, Crystal Plaza Two, Lobby, Room 1803, Arigoth, Virginia 22202

Please type a plus sign (+) inside th	is box → +					through 10/31/2002. OMB J.S. DEPARTMENT OF CO	
			Application Number		To be assigned		
			Filing Date		Concurrently herewith		
				First Named Inventor		Anthony David Auffret	
	TTORNEY OR		Title		PROCESS FOR MAKING ORALLY CONSUMABLE DOSAGE FORMS		
AUTHORIZATI	ON OF AGENT		Group Art Unit		To be assigned		
			Examiner Name		To be assigned		
			Attorney Docket Number		PC25042A		
I hereby appoint:							
Practitioners at Cu	stomer Number		28523	1			
OR							
Practitioners name	d below:						
	Name			Registrati	on Numbe	er	
as my/our attorney(s) or business in the United St	agent(s) to prosecute th tates Patent and Trader	e app nark C	lication identifie	ed above, and t d therewith.	to transact	all	
Please change the corre	spondence address for	the ab	ove-identified	application to:			
The above-mention	ned Customer Number.						
OR							
Practitioners at Cus	stomer Number						7
	MOTHER TRUMBER	_					_
OR							
Firm or							
Individual Name							
Address							
Address							
City			State		Zip		
Country							
Telephone			Fax				
I am the:							
Applicant/Inventor.							
Assignee of record	of the entire interest. Se 7 CFR 3.73(b) is enclose	ee 37	CFR 3.71.	6)			
	SIGNATURE of				rd		
Name	Lisa Suzanne Benee						
Signature	Beneo						
Date	16th Tul		2003				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Mall Stop. Comments - Patents, 2011 South Chark Place, Crystal Plaza Two, LOby, Room 1803, Antigon, Virginal 222002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

*Total of 2 forms are submitted.

forms if more than one signature is required, see below*.